

Substitute for Form PTO-875

Application or Docket Number
09-886,855

(Column 1)	(Column 2)
1	2
3	4
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99	100

- If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)	(Column 2)	(Column 3)
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.161)

11.22.05

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)

- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 1.